

ALDACTONE®

(spironolactone)

Composition:

Each uncoated, scored, light tan tablet contains spironolactone, 25 mg. Aldactone offers an entirely new approach to the treatment of essential hypertension, edema and ascites, including resistant states. Aldactone specifically blocks the effects on the kidneys of mineralocorticoids and antagonizes the sodium retaining and water retaining effects of aldosterone which is important in the production of edema.

Indications:

Aldactone is indicated in the treatment of edema and ascites of congestive heart failure, hepatic cirrhosis, the nephrotic syndrome, and idiopathic edema as well as that due to malignant effusions especially if not responding well to conventional diuretics.

Aldactone is also indicated for lowering blood pressure in essential hypertension, correcting hypokalemic alkalosis in severe hypertension and in the treatment of myasthenia gravis.

Dosage:

Edema: the initial recommended adult dose is one 25 mg. tablet four times daily. Rarely a patient may require up to 300 mg. per day and others as little as 75 mg. per day. If adequate diuresis with Aldactone is not obtained within five days, Aldactazide should be substituted in its usual dosage to obtain the synergistic effect of the spironolactone and the thiazide components. In an occasional patient with severe, resistant edema, it may be necessary to add a glucocorticoid to this combined therapy. In children a dosage providing 1.5 mg. of Aldactone per pound of body weight should be employed.

Essential hypertension: One tablet four times a day, treatment should be continued at least two weeks.

Precautions:

Other than acute renal insufficiency there are no known contraindications to Aldactone. It should be used judiciously in patients with hyponatremia or hyperkalemia.

Side Effects:

Side effects are mild and infrequent; drowsiness, mental confusion and maculopapular or erythematous eruptions have occurred rarely, subsiding within forty-eight hours on discontinuance of the drug. Gynecomastia and mild androgenic manifestations have also been reported in a few patients.

Toxicity:

No reports of fatal overdosage in man. No adverse effects from high dosage in chronic animal studies.

Symptoms of Overdosage: True toxicity has not been reported; drowsiness, mental confusion or a maculopapular or erythematous rash has occurred rarely. These manifestations disappear promptly on discontinuance of medication. Hyperkalemia may be exacerbated.

Treatment: No specific antidote. No true toxicity has occurred or is expected. Appearance of effects described above require only discontinuance of the drug. For hyperkalemia, reduce potassium intake, administer potassium-excreting diuretics, intravenous glucose with regular insulin or oral ion exchange resins.

Supply:

Bottles of 100 and 500 tablets.

SEARLE

G. D. Searle Company of Canada Limited,
Oakville, Ontario.

the making; if the pregnancy goes unharmed, what is the end product? A dog? An elephant? No, inexorably it will be a human being.

To legalize abortion because it is safer for the mother when done by professionals is not a valid excuse. Why not legalize robbery if it is done by professional thieves?

Already this sad, shocking and nonsensical scene can be seen in some hospitals: a medicosurgical team performing a transplantation of a vital organ to a patient whose days are numbered in the hope of extending his life a few years or even only a few months, and at the same time in another room not far away, a skilled physician cutting off the roots of life in two, three or four women.

The door is now open, and it is just the beginning; in less than 30 years it can be predicted that we shall have abortion and sterilization at will, that all noxious drugs will be on the open market, that euthanasia will not only be legalized but compulsory for the mentally ill, incurables, invalids, old people and criminals (if we still have some!).

At that time, a medical student will have to choose between becoming a healer or a killer, because the work of extermination will be at least as important as healing the sick. Moreover, because of the God-like authority of physicians, people will be afraid to seek medical advice, lest they be put on the death list. Exaggeration? I doubt it.

Would new legislators have sufficient courage to put the helm hard over and restrain the downfall of our nation? I wonder.

Jules Lavoie, M.D.

St. Georges, P.Q.

Inconsistency or misunderstanding?

To the Editor:

In June of 1971, the General Council of the Canadian Medical Association agreed, albeit by a narrow vote, that there were socioeconomic reasons for abortion. The Council also agreed that the decision should be made by the woman and her doctor. Abortion was thus a social problem with medical manifestations with the doctor playing God.

In 1972 the LeDain Commission issued part of its report on drug abuse. In that report physicians were blamed for failing to meet the drug abuse problem. With characteristic

inconsistency the Canadian Medical Association replied in effect "don't blame us, after all it is a social problem with medical manifestations."

With the inconsistency of the Canadian Medical Association and the immorality of some of its members, it is no wonder that the image of doctors in Canada is becoming that of a money oriented, irresponsible group. Isn't it time that we were more honest with ourselves?

Heather S. Morris, M.D.

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To the Editor:

In reply to Dr. Morris's letter, it is true that The Association by a narrow vote agreed that there were socioeconomic reasons for abortion. The Association did not, however, indicate that these were the only reasons for abortion, nor did it suggest that the only or major problem was a social one "with medical manifestations". We are therefore unable to follow the reasoning which leads Dr. Morris to conclude that The Association believes that abortion is "a social problem with medical manifestations with the doctor playing God."

With respect to the report of the LeDain Commission on drug abuse, no organization in this country, be it medical or otherwise, has been more active in its attempt to meet its responsibilities. The record, as outlined in a special report published in the March 4, issue of the Journal (p. 604A) clearly documents the evidence.

It was a Joint C.M.A.—F.D.D. Committee study that publicly outlined the medical misuse of methadone and called for more stringent controls (*Can Med Assoc J* 105: 1193, 1971).

In its first submission to the LeDain Commission in November 1969, the C.M.A. outlined the problems being created by the over-prescribing and over-dispensing of stimulants and sedatives. Following considerable study, including a national survey of physicians' prescribing habits, The Association recommended more conservative use of these drugs and more stringent control by the Federal Government. These recommendations included drugs still not covered by the Government's recent regulations concerning methadone and amphetamines.

It is true that The Association has said on several occasions since the fall of 1969 that "the non-medical use of